

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF NORTH CAROLINA

STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of Debtor _____
(Check the appropriate box and, if applicable, provide the required information.)

/ / Debtor has a Social Security Number and it is ____ - ____ - ____
(If more than one, state all)

/ / Debtor does not have a Social Security Number.

2. Name of Joint Debtor _____
(Check the appropriate box and, if applicable, provide the required information.)

/ / Joint Debtor has a Social Security Number and it is ____ - ____ - ____
(If more than one, state all)

/ / Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

X _____
Signature of Debtor Date

X _____
Signature of Joint Debtor Date

**Joint debtors must provide information for both spouses.*

*Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years
Imprisonment or both. 18 U.S.C. SS 152 and 3571.*